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CONFIRMATION NO. 4210

<b>SERIAL NUMBER</b> 10/524,086	<b>FILING OR 371(c) DATE</b> 02/09/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 30,178-00	
<b>APPLICANTS</b> Jay D Nord, Minnetrista, MN; Jeffrey K. Drogue, Minneapolis, MN;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/25018 08/08/2003 <i>TKM</i> <b>** FOREIGN APPLICATIONS *****</b>  <i>TKM</i> <b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23452					
<b>TITLE</b> Method and apparatus for disposing of liquid surgical waste for protection of healthcare workers					
<b>FILING FEE RECEIVED</b> 630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		